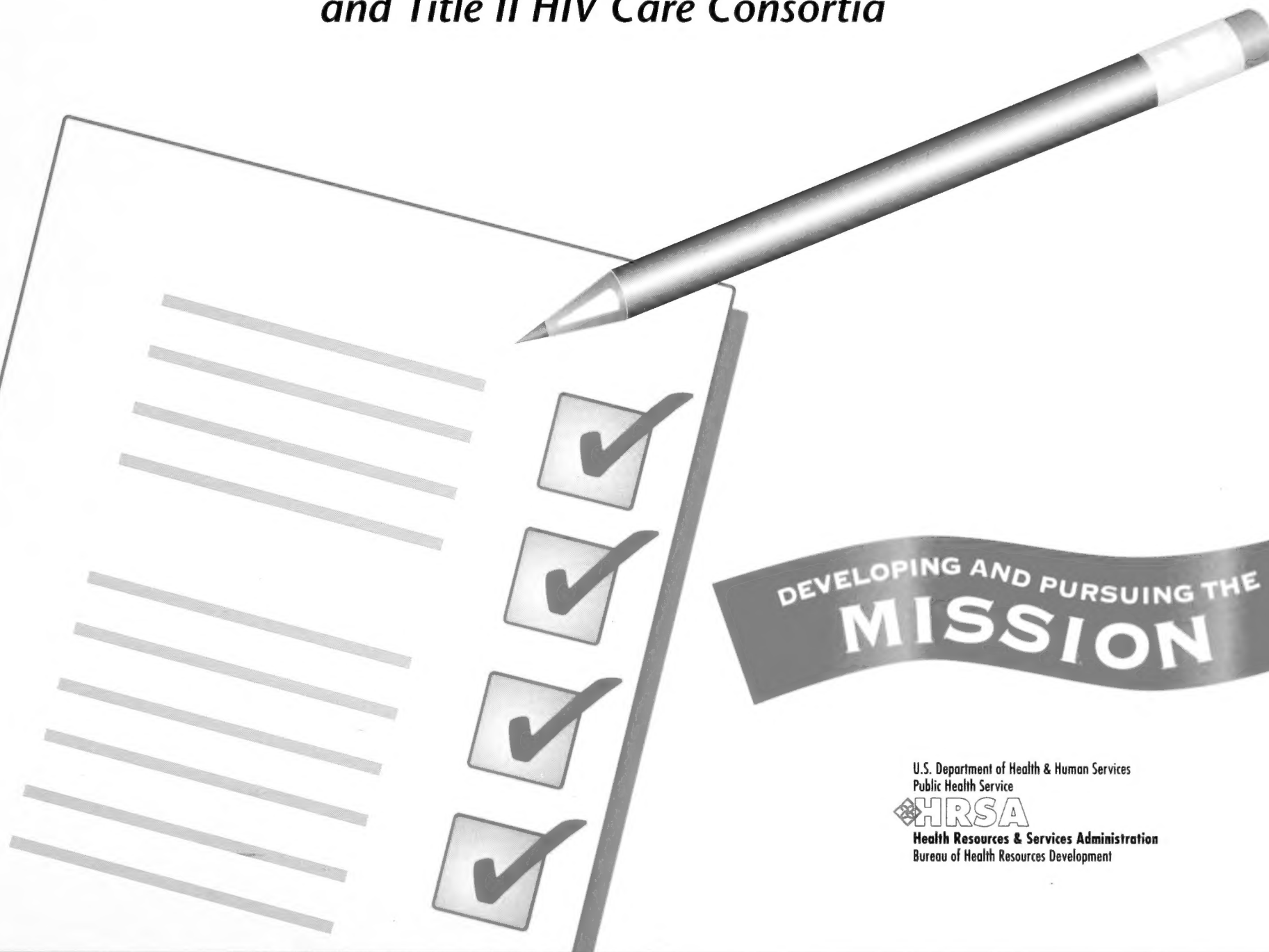


SELF-ASSESSMENT MODULE

*for Ryan White CARE Act Title I HIV Health Services Planning Councils
and Title II HIV Care Consortia*

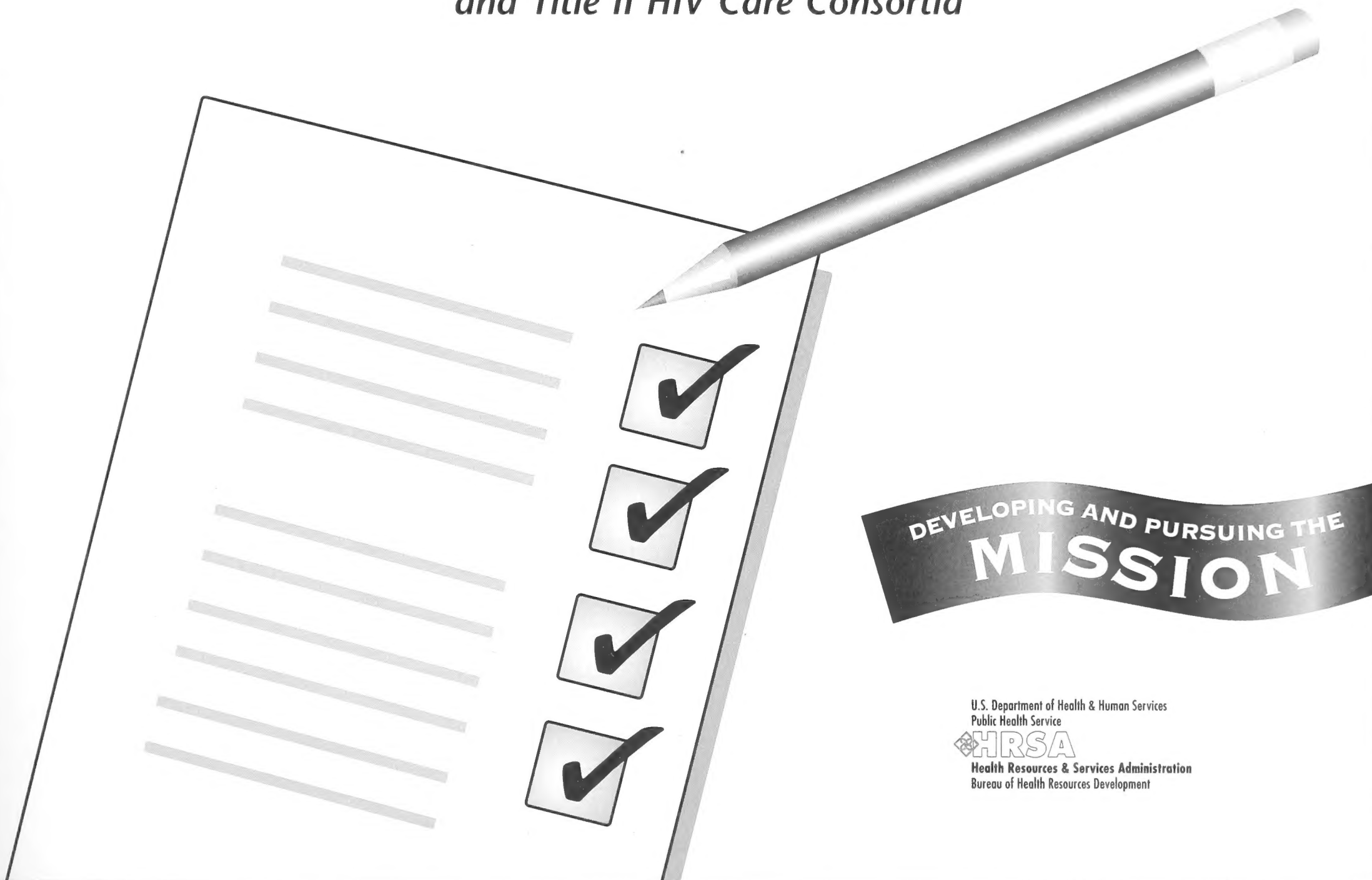


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U.S. Department of Health & Human Services
Public Health Service
HRSA
Health Resources & Services Administration
Bureau of Health Resources Development

SELF-ASSESSMENT MODULE

*for Ryan White CARE Act Title I HIV Health Services Planning Councils
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Public Health Service



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Bureau of Health Resources Development

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INTRODUCTION



THE SELF-ASSESSMENT MODULE SERIES

The Division of HIV Services (DHS) and the Office of Science and Epidemiology (OSE) at the Health Resources and Services Administration (HRSA) have developed a series of tools to help HIV planning councils and consortia assess their effectiveness in critical areas of responsibility defined by the Ryan White CARE Act. The areas covered in the series are: Comprehensive HIV Services Planning, Continuum of Care, Developing and Pursuing the Mission, Needs Assessment, Priority Setting and Resource Allocation, and Representation and Diversity.

Each area is covered in a separate module. At the same time, information is complementary across the modules and cross-referenced when appropriate. The modules can be used independently of each other or as a full series.

The tools have been designed to facilitate **self-assessment** by planning councils and consortia. **Use of any and all modules in the series is completely voluntary. Councils and consortia are free to determine which area(s) they want to assess, when to conduct the self-assessment, how extensive the scope of the assessment will be, and with whom they will share results.**

DHS staff and the Technical Assistance Contractor are available to introduce the modules or to respond to any concerns raised through the self-assessment process. Please contact your DHS project officer if you have any questions about the self-assessment modules or would like assistance.

PURPOSE OF THE MISSION MODULE

Planning councils and consortia are HIV-related planning groups mandated by the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act. These planning groups decide how funds should be used to improve the quality and availability of care for individuals and families with HIV disease. Many of the planning councils and consortia make use of mission statements and annual plans to enhance their effectiveness. These have been adapted from the management and oversight practices of nonprofit organizations. This module will help planning councils and consortia evaluate several key aspects of their mission statement and annual plan.

WHAT ARE MISSION STATEMENTS?

Any group organized to make decisions over time begins with the development of a mission statement. Such a statement expresses—in the space of no more than a few sentences—why the group exists, what it strives to accomplish, and how it will pursue its goals. The first part of this self-assessment module gives planning councils and consortia a mechanism to compare their mission statement against standard criteria as well as against their own criteria.

HIV/AIDS work involves complex issues of services planning, local politics, and community education that can shift focus away from the primary mission. Each member may have a different understanding of what a planning council or consortium should do. An effective mission statement needs to be carefully developed and widely disseminated to bridge these different viewpoints. The second part of the module helps groups evaluate the processes used to establish and disseminate their mission statement.

Effective organizations—including planning councils and consortia—use their mission statement to guide everyone involved and to prevent diversion into matters that are not a part of the mission. The third part of the module helps planning councils and consortia evaluate how they actually use their mission statement to make decisions.

While being familiar with the mission statement and referring to it when making decisions are important, missions are not useful if they never change. An examination of the mission every two or three years determines whether a revision is necessary to accommodate major developments in a council or consortium's internal or external environment. The fourth part of the module evaluates the group's process of revising the mission statement to make it responsive to the current situation.

WHAT ARE ANNUAL PLANS?

An organization puts its mission into action with a plan. Annual plans of councils and consortia set forth goals and objectives and outline staff and resources needed to meet them. Some annual plans are augmented by step-by-step guides (also known as work plans or action plans). These guides lay out by week or month when each activity of the annual plan starts and when it should be completed. The person, team, or committee responsible for the item may also be shown. The fifth and final part of this self-assessment module offers planning councils and consortia a way to evaluate their annual plan.

Mission statements and annual plans are two documents used by organizations to pursue their goals and enhance effectiveness. This module does not assess statements of purpose, vision statements, or strategic planning, but councils and consortia are encouraged to do so. Groups unfamiliar with these processes should consider pursuing them in the future.

The five areas for assessing the mission of a planning council or consortium are summarized below.

AREAS OF SELF-ASSESSMENT

- **Rating the Mission Statement** compares your group's current mission statement against standard criteria, as well as against the group's own criteria.
- **Establishing and Disseminating the Mission Statement** evaluates the process used by your group to develop and disseminate its mission statement.
- **Using the Mission Statement** evaluates how your group actually uses its mission statement to make decisions.
- **Revising the Mission Statement** evaluates your group's process to revise its mission statement.
- **Assessing the Annual Plan** evaluates the use of a plan that puts the mission into action.

DEFINITIONS AND TERMS

The concepts used in this module are not unique to the CARE Act. Many of them will be familiar to people with experience in nonprofit organization governance or management. While not usually incorporated as nonprofit entities, planning councils and consortia often adapt these concepts to organize themselves and to pursue their mission.

- **An annual plan** is an outline of the group's goals and objectives to be achieved during the year and the staff and resources needed to meet them.
- **Data sources**, such as public hearings, interviews, focus groups, needs assessment, HRSA guidance, and member opinion, are information gathered from many sources.
- **A key informant survey** is a data collection method of structured one-on-one interviews with individuals who have knowledge relevant to research questions. A written survey may also be used.
- **A member survey** is a data collection method in which a set of questions is answered in writing by some or all members with knowledge relevant to the research questions.
- **A mission statement** is a written summary of the planning council or consortium's purpose and what it strives to accomplish.
- **A work plan** is a step-by-step guide showing the time frame for activities to be performed during the year.

CONDUCTING THE SELF-ASSESSMENT

This section discusses how to conduct the self-assessment. It provides tips to make the self-assessment process efficient, productive, and positive. While the recommendations are based on experience and pilot tests of the modules, each planning council and consortium should adapt this process to fit local constraints and issues. The discussion covers the following questions.

- Who should use this module?
- Who conducts the self-assessment?
- What activities should be part of the self-assessment?
- How much time and money are required?

WHO SHOULD USE THIS MODULE?

This self-assessment module is designed for planning councils and consortia that already have a mission statement, an annual plan, or both. The questions in this module are directed to a council or consortium. In some cases, a planning group may be both a council and consortium. In other cases, the Ryan White council or consortium may be part of a larger planning group with broader responsibilities.

A standing committee, such as an evaluation, planning, or executive committee, may consider and recommend the use of this module. Alternatively, an *ad hoc* group of five to ten individuals may be convened to make recommendations about whether to use the module. This same group should also decide at the outset whether, how, and with whom the results of the assessment will be shared. Use the module prior to revisiting the mission statement or to preparing a new annual plan. It can also be used after these steps have occurred.

Use of this module is completely voluntary. The decision to conduct the self-assessment belongs to the membership of the council or consortium and to no one else. Councils and consortia are free to determine when to conduct the self assessment and how large or small the scope will be.

It is important to remember:

- Groups that have a mission statement but not an annual plan can evaluate their mission statement and use the module as a resource to develop their first annual plan.
- Groups that have an annual plan but not a mission statement can evaluate their annual plan and use the module as a resource to develop a mission statement.
- Groups with neither a mission statement nor an annual plan can use the module as a resource to create them. (See Sample Mission Statements and Annual Plan on page 56.)

WHO CONDUCTS THE SELF-ASSESSMENT?

A committee or workgroup should oversee the implementation of the self-assessment. This could be the same group that made the recommendation to do the self-assessment or a newly convened group. A group of five to ten is suggested and should include representatives of the infected community. Attention to sexual orientation, racial, ethnic, and gender diversity is also critical. Geographic representation should be considered, especially when the service area is diverse. Some of the group should be drawn from existing council or consortium membership, but it is also possible to go outside the membership for specific expertise. In general, it is desirable to include a grantee representative in order to promote a cooperative and collaborative relationship. Including representatives from the grantee or others outside the planning council or consortium membership (such as from colleges or universities) may facilitate access to information or provide additional resources for completing the module.

The person(s) directly responsible for writing the mission statement or annual plan should not lead the self-assessment because it may be difficult for him or her to be objective. However, his or her participation in the workgroup will provide an important perspective and may help ensure that improvements are implemented. The self-assessment workgroup should receive a written charge from the council or consortium authorizing the self-assessment.

This and all the other self-assessment modules have been designed to be completed by groups of volunteers—members of councils and consortia and others. However, council or consortium staff may also be involved, depending on local circumstances and availability. For instance, council or consortium staff may be needed to assist in the gathering of documents and in ensuring effective communication among members during the process. Consultants should not be used to conduct the self-assessment. They may, however, be helpful in modifying this module for the local environment, or in facilitating the self-assessment process. DHS staff and the Technical Assistance Contractor are also available to assist in the use of the module.

WHAT ACTIVITIES SHOULD BE PART OF THE SELF-ASSESSMENT?

There are five major activities that must occur to complete the self-assessment:

1. Review and adapt the module to the local environment.
2. Collect information and documents needed to answer the questions in the module.
3. Answer and score the questions in the module.
4. Develop an action plan to guide future activities.
5. Apply results of the self-assessment.

Tips are offered for each of these activities.

1. **Review and adapt module.** After the decision is made to proceed with the self-assessment, the first step is to review the module and adapt it as necessary. For example, questions that are irrelevant should be eliminated. Careful review of all the module's sections at the outset will facilitate its implementation and minimize frustration among workgroup members.

The module should be distributed to all members of the self-assessment workgroup approximately one week before the first workgroup meeting. This meeting, in person if possible, should be used to determine the specific scope and content of the self-assessment to be implemented, clarify the purpose of the self-assessment, define the process and time line by which the self-assessment will be conducted, assign roles and responsibilities of

workgroup members, and clarify specific questions for all members. If a chairperson has not been appointed, one should be elected at this meeting.

2. **Collect information and documents, conduct interviews.** Once the workgroup has agreed on the scope of the self-assessment, members should proceed with collecting and reviewing related documents and information. The workgroup assures that the minimum data sources (listed on page 11) are available. Then, the workgroup determines whether the optional data sources will be included in the process.
3. **Answer and score the questions.** After collecting relevant information and conducting key interviews, the workgroup should convene to discuss the questions in the module. Depending on the number of questions being addressed, the discussion could take four to six hours. The discussion may occur in a single meeting, in a series of meetings, or by telephone conference calls. The questions have been subdivided into sections to facilitate discussion.

Many questions will require significant discussion and coming to consensus. (See Sample Consensus Decision-Making Method on page 62.) It is important to choose an individual who can focus and facilitate discussion.

There are two important parts to answering the questions. First, and most important, is a qualitative discussion of the question, what the council or consortium did well, and what it could do better. Second is assignment of a score when scoring is indicated. Numerical scoring is provided

on several questions to help the council or consortium identify areas of strength and weakness. The scores can also provide a baseline for future self-assessments.

A question-by-question overview and discussion of scoring is provided at the end of each section. The overview elaborates on each question and how to interpret your score and answers. It may be helpful to refer to this overview while answering the questions.

The module contains four types of questions:

- a. Questions that rank responses from 0 to 3, with 0 being the lowest score and 3 being the highest. Each planning council and consortium completing the module determines where to rank itself along this continuum.
- b. Questions with a yes or no response. These questions are scored with “no” scoring 0 and “yes” scoring 3. For some yes/no questions where “no” is the optimal answer, the scoring is reversed.
- c. Questions in which some or all parts are not scored. These are not scored because either answer may be equally good, depending on circumstances.
- d. Open-ended questions that are not scored. These questions enable planning councils and consortia to highlight aspects of complex questions they feel are particular strengths or weaknesses.

The points in each section are added up then divided by the number of scored questions in the section. By dividing the total points by the number of scored questions, you will have a single score of 0 to 3 for each section. That score can be compared to the score in other sections. Combined with a qualitative assessment of strengths and weaknesses in each section, the scores can be helpful in highlighting areas where a planning council or consortium has done very well (high scores, e.g., 2 to 3), as well as areas in which changes or enhancements should be considered (low scores, e.g., 0 to 1).

Assigning scores is not the ultimate goal of the self-assessment. It is much more important that the group engage in substantive discussion of the questions. If you get stuck on scoring, move on. All scores are confidential and are not compared across planning councils and consortia or shared with DHS.

4. **Develop action plans.** Each section of questions concludes with the development of an action plan for that section. The self-assessment will be most successful if it leads you to refine your mission statement and annual plan, or to improve the process to do so. The action plans are intended to lead a planning council or consortium forward. Particular attention should be paid to questions that were scored 0 to 1, because these may be areas deserving more focus. You should not, however, lose sight of areas of strength when planning future activities.

A format is provided for developing the action plan for each section, but it may be modified to meet the needs of a particular planning council or consortium. For each section you are asked to list objectives, time line, resources needed, and person responsible for completing the objective. Once the section-specific action plans are done, an overall plan with priorities should be developed.

5. **Apply results.** The results of the self-assessment, including answers to questions, scores, and action plans, belong to the planning council or consortium and to no one else. A planning council or consortium may, however, decide to share part or all of its results with the grantee, with DHS, or with the community.

The overarching purpose for conducting a self-assessment is to improve the functioning of the council or consortium. There may be other reasons for conducting a self-assessment, such as responding to local questions or concerns, but the modules have been designed primarily to give councils and consortia tools for improving the quality of their operations. The action plan component of the module is intended to lead to such improvements. Viewing the module as a quality improvement tool supports the premise that results of the self-assessment are for internal use and do not need to be shared, except at the discretion of the council or consortium.

At the conclusion of the self-assessment, the planning council or consortium may want to develop a brief report. The report could include the charge to the workgroup, a list of participants, processes used to complete the module (e.g., number of meetings, time lines, people interviewed, documents reviewed), and recommendations.

HOW MUCH TIME AND MONEY ARE REQUIRED?

The self-assessment process has been designed to be very low cost. Time is the principal investment required of those who help complete the module.

Once a planning council or consortium has decided to proceed with the self-assessment, the process should take between eight and twelve weeks, beginning with tailoring the module to the local environment and ending with an action plan and reporting of results to the council or consortium.

A prototype time line for the self-assessment follows. →

PHASE I DECIDING TO DO SELF-ASSESSMENT

Week 1: Convene group to consider the self-assessment process; make recommendations to planning council or consortium.

Week 2: Planning council or consortium decides to proceed with self-assessment; identifies *ad hoc* workgroup to conduct assessment; writes charge to the workgroup; decides who will get results.

PHASE II BEGINNING THE SELF-ASSESSMENT

Week 3: Self-assessment module distributed to workgroup members for review; first meeting of workgroup scheduled.

Week 4: Workgroup meets, elects chair, reviews and modifies questions, assigns responsibilities.

Weeks 5-6: Documents collected and reviewed; interviews conducted.

PHASE III ANSWERING QUESTIONS

Week 7: Workgroup meets to discuss and to score questions; develops action plans for completed sections.

Week 8: Workgroup meets to complete discussion and action plans.

PHASE IV REPORTING AND IMPLEMENTING

Week 9: Workgroup presents results to planning council or consortium; reports on process and preliminary action plan.

Weeks 10-12: Planning council or consortium decides on action plan; requests technical assistance if needed.

INFORMATION SOURCES

To complete the Mission module, you will need:

Minimum Data Sources

- current mission statement
- minutes of previous planning council or consortium meetings
- a copy of the CARE Act Amendments of 1996
- most recent HRSA guidance
- relevant communication from grantee
- current or previous annual plans

Optional Data Sources

- tabulated written surveys of planning council or consortium members (or a representative sample of members)
- summaries of key informant interviews of a representative sample of planning council or consortium members
- summaries of key informant interviews with service providers and consumers who are *not* members of the planning council or consortium

SELF-ASSESSMENT QUESTIONS



RATING THE MISSION STATEMENT

- 1 An effective mission statement expresses why your planning council or consortium exists and what it hopes to accomplish. Type or write in your group's mission statement in the space below.

- 2 A mission statement must be brief to have value. It focuses on *why* the group exists, *what* it seeks to accomplish, and *where* attention should be directed. Because goals can be achieved in different ways, a mission statement does *not* include how a mission is pursued, when activities occur, or who is responsible. Use the following to consider the brevity and contents of your group's mission statement.

3 *Brevity* (Check the appropriate item.)

- | | |
|--|--|
| <input type="checkbox"/> up to 2 sentences | <input type="checkbox"/> 4 sentences |
| <input type="checkbox"/> 3 sentences | <input type="checkbox"/> 5 or more sentences |

b *Contents*

These three items should be included in your mission statement. Points are awarded for their inclusion.

States *why* the group exists

States *what* the group seeks to accomplish

States the geographic area *where* the mission is focused

These three items should *not* be included in your mission statement. Points are awarded for their exclusion and note "yes" and "no" have been reversed.

States *how* the mission is to be pursued

States *who* is responsible for carrying out the mission

States *when* mission-related activities are to occur

no

yes

☐

0 pts

☐

3 pts

☐

0 pts

☐

3 pts

☐

0 pts

☐

3 pts

yes

no

☐

0 pts

☐

3 pts

☐

0 pts

☐

3 pts

☐

0 pts

☐

3 pts

Total Points for Question 2

3

Rate the contents of your mission statement by brevity and clarity.

- a Mission statement includes *why* the group exists.

Brevity

poor		excellent	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0 pts	1 pt	2 pts	3 pts

Clarity

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0 pts	1 pt	2 pts	3 pts

- b Mission statement includes *what* it seeks to accomplish.

Brevity

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0 pts	1 pt	2 pts	3 pts

Clarity

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0 pts	1 pt	2 pts	3 pts

- c Mission statement includes the geographic area *where* it focuses its activities.

Brevity

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0 pts	1 pt	2 pts	3 pts

Clarity

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0 pts	1 pt	2 pts	3 pts

- d Mission statement shows awareness of the needs of people living with HIV disease (PLWH) in the planning area.

Brevity

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0 pts	1 pt	2 pts	3 pts

Clarity

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0 pts	1 pt	2 pts	3 pts

Total Points for Question 3

4 If your criteria are different from those presented on pages 15 and 16, what are they, and how would you rate them?

a _____

b _____

c _____

poor excellent

☐ 0 pts ☐ 1 pt ☐ 2 pts ☐ 3 pts

poor excellent

☐ 0 pts ☐ 1 pt ☐ 2 pts ☐ 3 pts

poor excellent

☐ 0 pts ☐ 1 pt ☐ 2 pts ☐ 3 pts

Total Points for Question 4

SUMMARY: RATING THE MISSION STATEMENT

SCORING

To score, follow these steps:

- STEP 1 Add up the points for questions 1 through 4 and put that amount in the TOTAL POINTS box.
- STEP 2 Add up the number of scored questions (and subquestions) answered and put it in the TOTAL NUMBER OF SCORED QUESTIONS ANSWERED box.
- STEP 3 Calculate your final score: TOTAL POINTS divided by TOTAL NUMBER OF SCORED QUESTIONS ANSWERED.
- STEP 4 Record your final score in the SCORE box.*



SCORE

TOTAL POINTS

divided by

TOTAL NUMBER OF SCORED
QUESTIONS ANSWERED

equals

SCORE

STRENGTHS AND WEAKNESSES

What aspects of your mission statement were highly rated?

What needs to be improved?

ACTION STEPS

List all preliminary action steps suggested by your responses to these questions. Consider this an opportunity to brainstorm. →

**If your score equals more than 3, double-check your addition of points and counting of subquestions answered.*



ACTION STEPS FOR QUESTIONS 1-4

OBJECTIVE:

RESOURCES:

TIME LINE:

PERSON RESPONSIBLE:

OBJECTIVE:

RESOURCES:

TIME LINE:

PERSON RESPONSIBLE:

OBJECTIVE:

RESOURCES:

TIME LINE:

PERSON RESPONSIBLE:

RATING THE MISSION STATEMENT: DISCUSSION OF SCORING AND QUESTIONS 1-4

Question 1: The best way to begin work on this module is to have the planning council or consortium's mission statement in plain sight. It is not always easy for a planning council or consortium to express why it exists, but such an explanation forms the core of the mission statement.

Questions 2a and 2b assess the brevity and contents of the mission statement. While points are not awarded for brevity, mission statements that are five or more sentences are probably too long. **Question 2b** awards points for the inclusion of items considered standard. Points are awarded for the exclusion of items, such as personnel and time lines, considered extraneous.

Question 3 gives planning councils and consortia the opportunity to rate their own mission statement by brevity and clarity. In **question 4** councils and consortia rate their mission statement by their own criteria.

ESTABLISHING AND DISSEMINATING THE MISSION STATEMENT

- 5a** To what extent are members of the planning council or consortium aware that a mission statement exists?

no members aware of it		all members aware of it	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0 pts	1 pt	2 pts	3 pts

- 5b** To what extent are members of the planning council or consortium familiar with what the mission statement says? (Note: Familiarity is the ability to paraphrase the concepts or quote key phrases.)

no members familiar with it		all members familiar with it	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0 pts	1 pt	2 pts	3 pts

Total Points for Question 5

6

Which, if any, of the following approaches or methods were used to develop your mission statement?*

Rate the effectiveness of each used.

a Inclusive process (i.e., all members participate in some way)

Was the approach used?

☐ no

☐ yes

If used, how effective was the approach?

not effective

very effective



0 pts



1 pt



2 pts



3 pts

b Active participation of PLWH

Was the approach used?

☐ no

☐ yes

If used, how effective was the approach?

not effective

very effective



0 pts



1 pt



2 pts



3 pts

* Note: In some cases, another group or organization (task force, grantee, etc.) may have been or may still be responsible for writing the mission statement. Regardless, the council or consortium should evaluate its mission statement and recommend changes.

- c Development of shared vision or vision statement as part of determining mission

Was the approach used?

☐ no

☐ yes

If used, how effective was the approach?

not effective

very effective

☐
0 pts

☐
1 pt

☐
2 pts

☐
3 pts

- d A draft version of the mission statement was presented for comment prior to final approval.

Was the method used?

☐ no

☐ yes

If used, how effective was the method?

not effective

very effective

☐
0 pts

☐
1 pt

☐
2 pts

☐
3 pts

- e A decision-making process was agreed upon and utilized, leading to final approval (See Sample Consensus Decision-Making Method on page 62).

Was the method used?

☐ no

☐ yes

If used, how effective was the method?

not effective

very effective

☐
0 pts

☐
1 pt

☐
2 pts

☐
3 pts

Total Points for Question 6

7 Which, if any, of the following methods were used to disseminate your mission statement? Rate the effectiveness of each method used in improving awareness of and familiarity with your council or consortium's mission.

a Mission statement was distributed to planning council or consortium members.

Was the method used?

☐ no

☐ yes

If used, how effective was the method?

not effective

very effective



0 pts



1 pt



2 pts



3 pts

b Mission statement was included with training/orientation packet for new members.

Was the method used?

☐ no

☐ yes

If used, how effective was the method?

not effective

very effective



0 pts



1 pt



2 pts



3 pts

- c Mission statement was included in information received by consumers of CARE Act services in your group's planning jurisdiction.

Was the method used?

☐ no

☐ yes

If used, how effective was the method?

not effective

very effective

☐

0 pts

☐

1 pt

☐

2 pts

☐

3 pts

- d Mission statement was included on several written documents of the planning council or consortium (e.g., brochures, press releases, information, referral materials).

Was the method used?

☐ no

☐ yes

If used, how effective was the method?

not effective

very effective

☐

0 pts

☐

1 pt

☐

2 pts

☐

3 pts

- e Mission statement was distributed to local government officials and service providers not represented on the planning council or consortium.

Was the method used?

☐ no

☐ yes

If used, how effective was the method?

not effective

very effective

☐

0 pts

☐

1 pt

☐

2 pts

☐

3 pts

Total Points for Question 7

8

What are the overall strengths and weaknesses of the process your group followed to establish and disseminate its mission statement?

a

Process of *establishing* the statement

Strengths _____

What methods were not effective? Why not?

b Process of *disseminating* the statement

Strengths _____

What methods of dissemination were not effective?

Why not? _____

SUMMARY: ESTABLISHING AND DISSEMINATING THE MISSION STATEMENT

SCORING

To score, follow these steps:

- STEP 1 Add up the points for questions 5 through 8 and put that amount in the TOTAL POINTS box.
- STEP 2 Add up the number of scored questions (and subquestions) answered and put it in the TOTAL NUMBER OF SCORED QUESTIONS ANSWERED box.
- STEP 3 Calculate your final score: TOTAL POINTS divided by TOTAL NUMBER OF SCORED QUESTIONS ANSWERED.
- STEP 4 Record your final score in the SCORE box.*



TOTAL POINTS

divided by

TOTAL NUMBER OF SCORED
QUESTIONS ANSWERED

equals

SCORE

**If your score equals more than 3, double-check your addition of points and counting of subquestions answered.*

STRENGTHS AND WEAKNESSES

What aspects of establishing and disseminating the mission statement worked well?

What needs to be improved?

ACTION STEPS

List all preliminary action steps suggested by your responses to these questions. Consider this an opportunity to brainstorm. →



ACTION STEPS FOR QUESTIONS 5-8

OBJECTIVE:

RESOURCES:

TIME LINE:

PERSON RESPONSIBLE:

OBJECTIVE:

RESOURCES:

TIME LINE:

PERSON RESPONSIBLE:

OBJECTIVE:

RESOURCES:

TIME LINE:

PERSON RESPONSIBLE:

ESTABLISHING AND DISSEMINATING THE MISSION STATEMENT: DISCUSSION OF SCORING AND QUESTIONS 5–8

Questions 5a and 5b reinforce the fact that no mission statement is effective if members of the organization aren't aware that it exists or aren't familiar with its contents. A zero score is awarded if most members aren't aware or familiar. Familiarity is the ability to paraphrase the concepts or quote key phrases.

It is essential that planning councils and consortia develop their mission statement to reflect the range of involved stakeholders. **Question 6a** suggests that all members of a council or consortium should have input into the development of a mission statement. **Question 6b** encourages the participation of PLWH in this process. While the CARE Act does not directly address this point, inclusion of PLWH in all major activities is strongly suggested by DHS. Developing a shared vision or vision statement can foster greater support for the mission as indicated by **question 6c**. **Question 6d** suggests that reviewing a draft version of the mission statement is another mechanism for obtaining input. **Question 6e** encourages clarity regarding how decisions are made. This is good general practice for councils and consortia and especially important for the development of a mission statement. All the methods outlined to establish a mission statement are good ones. Use of some is crucial.

Question 7: Dissemination must be carried out to ensure that all members are familiar with their mission statement. Certainly the more methods of dissemination used, the better. The opportunity to discuss the strengths and weaknesses of your establishment and dissemination process is in **question 8**.

USING THE MISSION STATEMENT

9 To what extent is your mission statement consistent with the overall purpose of the CARE Act?

not consistent

fully consistent

☐ 0 pts
 ☐ 1 pt
 ☐ 2 pts
 ☐ 3 pts

10 *(This question should be answered by planning councils only.)*
To what extent does your mission statement guide your actions in a way consistent with these core activities of the CARE Act?

not consistent

fully consistent

a To establish priorities for the allocation of CARE Act funds.

☐ 0 pts
 ☐ 1 pt
 ☐ 2 pts
 ☐ 3 pts

b To develop and prepare a comprehensive HIV health services plan.

☐ 0 pts
 ☐ 1 pt
 ☐ 2 pts
 ☐ 3 pts

c To assess the efficiency of administrative mechanisms in rapidly allocating funds.

☐ 0 pts
 ☐ 1 pt
 ☐ 2 pts
 ☐ 3 pts

d To participate in the development of a Statewide Coordinated Statement of Need.

☐ 0 pts
 ☐ 1 pt
 ☐ 2 pts
 ☐ 3 pts

e To establish methods for obtaining input on community needs and priorities.

☐ 0 pts
 ☐ 1 pt
 ☐ 2 pts
 ☐ 3 pts

Total Points for Question 10

11

(This question should be answered by consortia only.)

To what extent does your mission statement guide your actions in a way consistent with these core activities of the CARE Act?

a To assess the service needs of local populations living with HIV.

b To develop a plan to meet needs through a "comprehensive continuum" of outpatient medical and support services.

c To promote the coordination and integration of community resources.

d To assure the provision of comprehensive outpatient health and support services.

e To evaluate the effectiveness of the consortium in responding to service needs.

not consistent

fully consistent

☐ 0 pts ☐ 1 pt ☐ 2 pts ☐ 3 pts

☐ 0 pts ☐ 1 pt ☐ 2 pts ☐ 3 pts

☐ 0 pts ☐ 1 pt ☐ 2 pts ☐ 3 pts

☐ 0 pts ☐ 1 pt ☐ 2 pts ☐ 3 pts

☐ 0 pts ☐ 1 pt ☐ 2 pts ☐ 3 pts

Total Points for Question 11

12 To what extent is your mission statement consistent with other CARE Act principles and activities?

a To include PLWH in council and consortium activities.

b To coordinate with councils or consortia with overlapping service areas.

c To serve populations with severe need, including individuals with HIV disease and co-morbidities (sexually transmitted diseases, substance abuse, tuberculosis, or severe mental illness), new or growing sub-populations, and homeless PLWH.

not consistent

fully consistent

☐ 0 pts ☐ 1 pt ☐ 2 pts ☐ 3 pts

☐ 0 pts ☐ 1 pt ☐ 2 pts ☐ 3 pts

☐ 0 pts ☐ 1 pt ☐ 2 pts ☐ 3 pts

Total Points for Question 12

13 Does your mission statement refer to other locally selected planning council or consortium activities beyond those mandated by the CARE Act?

- | | | | |
|---|-----------------------------|------------------------------|---|
| a Advocacy activities | <input type="checkbox"/> no | <input type="checkbox"/> yes | <input type="checkbox"/> not a major activity |
| b Resource development and fundraising | <input type="checkbox"/> no | <input type="checkbox"/> yes | <input type="checkbox"/> not a major activity |
| c HIV prevention and education | <input type="checkbox"/> no | <input type="checkbox"/> yes | <input type="checkbox"/> not a major activity |
| d Public policy development | <input type="checkbox"/> no | <input type="checkbox"/> yes | <input type="checkbox"/> not a major activity |
| e Public relations and volunteerism | <input type="checkbox"/> no | <input type="checkbox"/> yes | <input type="checkbox"/> not a major activity |
| f Other _____ | <input type="checkbox"/> no | <input type="checkbox"/> yes | <input type="checkbox"/> not a major activity |
| g Other _____ | <input type="checkbox"/> no | <input type="checkbox"/> yes | <input type="checkbox"/> not a major activity |

- 14** In the past 12 months, how often has the text of your mission statement been referred to during a decision-making process of the planning council or consortium?

The best data sources for answering this question are meeting minutes covering this period. Where minutes do not reflect discussions that led to a decision adequately, surveys of people attending those meetings are the next best source.

Indicate the 12-month period to be reviewed.

- a** Decisions to undertake new planning council or consortium activities.
- b** Decisions to continue existing planning council or consortium activities.
- c** Decisions to alter existing planning council or consortium activities significantly.
- d** Decisions to end some planning council or consortium activities.

mission statement
never referenced
during decision making

mission statement
referenced in the
majority of decisions

☐ 0 pts ☐ 1 pt ☐ 2 pts ☐ 3 pts

☐ 0 pts ☐ 1 pt ☐ 2 pts ☐ 3 pts

☐ 0 pts ☐ 1 pt ☐ 2 pts ☐ 3 pts

☐ 0 pts ☐ 1 pt ☐ 2 pts ☐ 3 pts

Total Points for Question 14

15 To what extent have the planning council or consortium's major decisions in the past 12 months been influenced by the current mission statement?

Indicate the 12-month period to be reviewed.

MAJOR DECISIONS AND THEIR RELEVANCE TO THE MISSION STATEMENT				
Decision	Phrase(s) in mission statement supporting decision	Decision not influenced by mission statement		Decision influenced by mission statement
Decision 1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decision 2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decision 3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decision 4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SUMMARY: USING THE MISSION STATEMENT

SCORING

To score, follow these steps:

- STEP 1 Add up the points for questions 9 through 15 and put that amount in the TOTAL POINTS box.
- STEP 2 Add up the number of scored questions (and subquestions) answered and put it in the TOTAL NUMBER OF SCORED QUESTIONS ANSWERED box.
- STEP 3 Calculate your final score: TOTAL POINTS divided by TOTAL NUMBER OF SCORED QUESTIONS ANSWERED.
- STEP 4 Record your final score in the SCORE box.*



TOTAL POINTS

divided by

TOTAL NUMBER OF SCORED
QUESTIONS ANSWERED

equals

SCORE

**If your score equals more than 3, double-check your addition of points and counting of subquestions answered.*

STRENGTHS AND WEAKNESSES

How useful has the mission statement been?

What needs to be improved?

ACTION STEPS

List all preliminary action steps suggested by your responses to these questions. Consider this an opportunity to brainstorm. →



ACTION STEPS FOR QUESTIONS 9-15

OBJECTIVE:

RESOURCES:

TIME LINE:

PERSON RESPONSIBLE:

OBJECTIVE:

RESOURCES:

TIME LINE:

PERSON RESPONSIBLE:

OBJECTIVE:

RESOURCES:

TIME LINE:

PERSON RESPONSIBLE:

USING THE MISSION STATEMENT: DISCUSSION OF SCORING AND QUESTIONS 9-15

Question 9 assesses how consistent your mission statement is with the overall purpose of the CARE Act. The CARE Act should be kept in mind when the mission statement is written.

Benchmark: It is the purpose of this Act to provide emergency assistance to localities that are disproportionately affected by the Human Immunodeficiency Virus epidemic and to make financial assistance available to States and other public or private nonprofit entities to provide for the development, organization, coordination, and operation of more effective and cost-efficient systems for the delivery of essential services to individuals and families with HIV disease.

Question 10: The key to this question is that the mission statement be written in a way consistent with the legislative mandates required of Title I Planning Councils.

Question 11 lists the legislative and administrative mandates for Title II Consortia. Your mission statement should be consistent with these.

Question 12: Other CARE Act principles and current activities should be considered when writing a mission statement. These principles and activities may change because of circumstances or new guidance.

Question 13: This question should not be scored. It asks if the mission statement refers to activities beyond those mandated by the CARE Act. This is particularly relevant for councils and consortia with a scope of activities broader than the CARE Act.

Question 14: In addition to familiarity and relevancy, the mission statement should be useful to guide the types of decisions listed in this question. Decisions could include a council choosing to become involved in managed care issues or a consortium setting its service priorities. This question looks at your mission statement's usefulness over a 12-month period.

Question 15: Decisions may or may not be influenced by part of the mission statement. This question asks which phrases in the mission statement helped the council or consortium make decisions over a 12-month period. Since the mission statement may not influence a particular decision directly, this question is not scored. It is up to the council or consortium to determine whether or not the mission statement is providing needed guidance.

REVISING THE MISSION STATEMENT

- 16 Has the planning council or consortium established a process to review and revise the mission statement at least once every two or three years?

no

yes

☐

0 pts

☐

3 pts

- 17 If not, why not?

- 18 Has the planning council or consortium established criteria to decide whether or not to revise the mission statement?

no

yes

☐

0 pts

☐

3 pts

- 19 If not, why not?

- 20 Is the process of reviewing and revising your mission statement on schedule?

no

yes

☐

0 pts

☐

3 pts

21 Which, if any, of the following methods were used to revise your mission statement? Rate the effectiveness of the method used.

a Included members and constituencies.

Was the method used?

☐ no

☐ yes

If used, how effective was the method?

not effective

very effective

☐ 0 pts ☐ 1 pt ☐ 2 pts ☐ 3 pts

b Included active participation of PLWH.

Was the method used?

☐ no

☐ yes

If used, how effective was the method?

not effective

very effective

☐ 0 pts ☐ 1 pt ☐ 2 pts ☐ 3 pts

c Assessed internal environment.

Was the method used?

☐ no

☐ yes

If used, how effective was the method?

not effective

very effective

☐ 0 pts ☐ 1 pt ☐ 2 pts ☐ 3 pts

d Assessed external environment.

Was the method used?

☐ no

☐ yes

If used, how effective was the method?

not effective

very effective

☐

0 pts

☐

1 pt

☐

2 pts

☐

3 pts

e Identified and resolved differences in philosophy among participants.

Was the method used?

☐ no

☐ yes

If used, how effective was the method?

not effective

very effective

☐

0 pts

☐

1 pt

☐

2 pts

☐

3 pts

Total Points for Question 21

22

To what extent has review of the mission statement helped your group increase its effectiveness by affirming and/or revising its mission?

did not help

helped significantly

☐

0 pts

☐

1 pt

☐

2 pts

☐

3 pts

SUMMARY: REVISING THE MISSION STATEMENT

SCORING

To score, follow these steps:

- STEP 1 Add up the points for questions 16 through 22 and put that amount in the TOTAL POINTS box.
- STEP 2 Add up the number of scored questions (and subquestions) answered and put it in the TOTAL NUMBER OF SCORED QUESTIONS ANSWERED box.
- STEP 3 Calculate your final score: TOTAL POINTS divided by TOTAL NUMBER OF SCORED QUESTIONS ANSWERED.
- STEP 4 Record your final score in the SCORE box.*



TOTAL POINTS

divided by

TOTAL NUMBER OF SCORED
QUESTIONS ANSWERED

equals

SCORE

**If your score equals more than 3, double-check your addition of points and counting of subquestions answered.*

STRENGTHS AND WEAKNESSES

What aspects of revising the mission statement worked well?

What needs to be improved?

ACTION STEPS

List all preliminary action steps suggested by your responses to these questions. Consider this an opportunity to brainstorm. →



ACTION STEPS FOR QUESTIONS 16-22

OBJECTIVE:

RESOURCES:

TIME LINE:

PERSON RESPONSIBLE:

OBJECTIVE:

RESOURCES:

TIME LINE:

PERSON RESPONSIBLE:

OBJECTIVE:

RESOURCES:

TIME LINE:

PERSON RESPONSIBLE:

REVISING THE MISSION STATEMENT: DISCUSSION OF SCORING AND QUESTIONS 16-22

Questions 16-19 reinforce the fact that a mission statement needs to change in order to be effective. Revising a mission statement keeps it relevant. Criteria that might lead to revision of your mission statement include changing demographics or service area or new CARE Act requirements. Score three points on **question 20** for sticking to a schedule for revision. A mission statement revision should include some or all of the methods laid out in **question 21**. **Question 22** measures whether the process of reviewing and possibly revising the mission statement helps increase your group's effectiveness.

ASSESSING THE ANNUAL PLAN

This section should be filled in only if your council or consortium has a current annual plan.

- 23** To what extent are members of the planning council or consortium aware that an annual plan exists?

no members
aware of plan

all members
aware of plan



- 24** To what extent does the annual plan address the planning council or consortium's legislative mandates?

not included
in annual plan

annual plan includes
work related to all
legislative mandates



PLANNING COUNCILS ARE REQUIRED TO:

- establish priorities for the allocation of CARE Act funds;
- develop a comprehensive plan for the organization and delivery of health services;
- assess the efficiency of the administrative mechanism in rapidly allocating funds;
- participate in the development of the Statewide Coordinated Statement of Need; and
- establish methods for obtaining input on community needs and priorities.

– Ryan White CARE Act of 1996

CONSORTIA ARE REQUIRED TO:

- conduct needs assessments;
- plan and set service priorities;
- promote coordination and integration of community resources;
- assure the provision of comprehensive outpatient health and support services; and
- evaluate the success and cost-effectiveness of the consortium in responding to service needs.

– Consortia manual,
Creating Partnerships That Work

25 List the goals in your annual plan.

GOAL 1 _____

GOAL 2 _____

GOAL 3 _____

GOAL 4 _____

GOAL 5 _____

26 List the objectives to accompany each goal identified in question 25.

GOAL 1

Objective 1 _____

Objective 2 _____

Objective 3 _____

GOAL 2

Objective 1 _____

Objective 2 _____

Objective 3 _____

GOAL 3

Objective 1 _____

Objective 2 _____

Objective 3 _____

GOAL 4

Objective 1 _____

Objective 2 _____

Objective 3 _____

GOAL 5

Objective 1 _____

Objective 2 _____

Objective 3 _____

27 Rate the planning council or consortium's annual plan by the following elements.

- a** Adequately sets goals and objectives.
- b** Provides specific activities needed to meet goals and objectives.
- c** Identifies person(s) responsible for each activity.
- d** Identifies where outside consultation or expertise may be utilized.
- e** Identifies resources that are available or are likely to become available in time to complete each task.
- f** Contains a reasonable time line.

poor

excellent

☐ 0 pts ☐ 1 pt ☐ 2 pts ☐ 3 pts

☐ 0 pts ☐ 1 pt ☐ 2 pts ☐ 3 pts

☐ 0 pts ☐ 1 pt ☐ 2 pts ☐ 3 pts

☐ 0 pts ☐ 1 pt ☐ 2 pts ☐ 3 pts

☐ 0 pts ☐ 1 pt ☐ 2 pts ☐ 3 pts

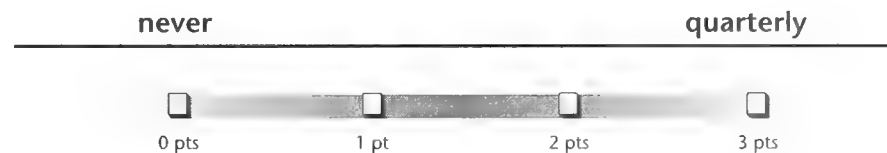
☐ 0 pts ☐ 1 pt ☐ 2 pts ☐ 3 pts

Total Points for Question 27

28

In the past 12 months, how often has the annual plan been used to monitor the planning council or consortium's effectiveness?

Indicate the 12-month period to be reviewed.



SUMMARY: ASSESSING THE ANNUAL PLAN

SCORING

To score, follow these steps:

- STEP 1 Add up the points for questions 23 through 28 and put that amount in the TOTAL POINTS box.
- STEP 2 Add up the number of scored questions (and subquestions) answered and put it in the TOTAL NUMBER OF SCORED QUESTIONS ANSWERED box.
- STEP 3 Calculate your final score: TOTAL POINTS divided by TOTAL NUMBER OF SCORED QUESTIONS ANSWERED.
- STEP 4 Record your final score in the SCORE box.*



TOTAL POINTS

divided by

TOTAL NUMBER OF SCORED
QUESTIONS ANSWERED

equals

SCORE

**If your score equals more than 3, double-check your addition of points and counting of subquestions answered.*

STRENGTHS AND WEAKNESSES

What aspects of the annual plan worked well?

What needs to be improved?

ACTION STEPS

List all preliminary action steps suggested by your responses to these questions. Consider this an opportunity to brainstorm. →



ACTION STEPS FOR QUESTIONS 23-28

OBJECTIVE:

RESOURCES:

TIME LINE:

PERSON RESPONSIBLE:

OBJECTIVE:

RESOURCES:

TIME LINE:

PERSON RESPONSIBLE:

OBJECTIVE:

RESOURCES:

TIME LINE:

PERSON RESPONSIBLE:

ASSESSING THE ANNUAL PLAN: DISCUSSION OF SCORING AND QUESTIONS 23–28

Question 23: An annual plan is effective only if members know about and use it.

Question 24: Like the mission statement, the annual plan needs to take legislative mandates into account.

Although **questions 25** and **26** are not scored, goals and objectives are essential components of an annual plan.

Question 27 lists the essential elements of an annual plan and asks you to rate your plan accordingly. An annual plan can also be used to monitor a planning group's effectiveness.

Question 28 awards three points if you use your annual plan to monitor activities on a quarterly basis.

RESOURCES



Below is a list of articles and books related to this topic.

ABSTRACTS, ARTICLES, AND REPORTS

- Ingram, R.T. Ten Basic Responsibilities of Nonprofit Boards? *National Center for Nonprofit Boards*. 1988.
- O'Connell, B. Evaluating Results. *Independent Sector*. 1988.
- Rossum, C. How to Assess Your Nonprofit Organization: The Drucker Foundation Self-Assessment Tool for Nonprofit Organizations. *Jossey-Bass Publishers*. 1993.
- Slesinger, L.H. Self Assessment for Nonprofit Governing Boards. *National Center for Nonprofit Boards*. 1994.
- Szanton, P. Board Assessment of the Organization: How Are We Doing? *National Center for Nonprofit Boards*. 1992.

BOOKS

- Aday, L.A., *At Risk in America: The Health and Health Care Needs of Vulnerable Populations in the United States*. San Francisco; Jossey-Bass Publishers, 1993.
- Carver, J. *Boards That Make a Difference: A New Design for Leadership in Nonprofit and Public Organizations*. San Francisco: Jossey-Bass Publishers, 1990.
- Converse, J.M., and Presser, S. *Survey Questions: Handcrafting the Standardized Questionnaire*. Newbury Park, CA: Sage, 1976.

- Fink, A., and Kosecoff, J. *How to Conduct Surveys: A Step by Step Guide*. Newbury Park, CA: Sage, 1985.
- Hatry, H.P., and others. *How Effective Are Your Community Services?* Washington, D.C.: The Urban Institute and International City/County Management Association, 1992.
- Houle, Cyril O. *Governing Boards: Their Nature and Nurture*. San Francisco: Jossey-Bass Publishers, 1989.
- Kish, L. *Survey Sampling*. New York: Wiley, 1965.
- O'Connell, B. *Effective Leadership in Voluntary Organizations: How to Make the Greatest Use of Citizen Service and Influence*. New York: Walker and Company, 1976.
- O'Connell, B. *The Board Member's Book*. New York: The Foundation Center, 1985.
- Sudman, S., and Bradburn, N.M. *Asking Questions: A Practical Guide to Questionnaire Design*. San Francisco: Jossey-Bass Publishers, 1992.

SAMPLE MISSION STATEMENTS AND ANNUAL PLAN



SAMPLE MISSION STATEMENTS

GENERAL MISSION STATEMENT

The AIDS Council/Consortium was established to coordinate the delivery of HIV/AIDS services in the region, plan for development of services to meet future needs, and attract and distribute funds to support these services. We are a forum for regional coordination and collaboration that responds to community needs and reports to the community about our findings. We are devoted to ending the HIV epidemic and to ensuring the best possible care for everyone living with HIV in the region.

PLANNING COUNCIL MISSION STATEMENT

Our mission is to strengthen a coordinated regional response to the HIV/AIDS epidemic in our state by involving individuals infected and affected by HIV and community leaders in the public and private sectors to:

- Identify unmet needs;
- Develop programmatic and funding strategies to meet the gaps in services;
- Propose a plan to coordinate resources of all available agencies in order to maximize services to improve the quality of life of affected populations; and
- Monitor and report progress within the continuum of care to increase community support and commitment.

CONSORTIUM MISSION STATEMENT

MISSION AND GOALS

To coordinate the networking of resources and expertise in dealing with the disease of AIDS in this county.

1. Facilitate the administration of the Ryan White CARE grant monies and other funding.
2. Assure that a comprehensive coordinated continuum of care is provided to individuals with HIV and their families, especially outpatient health and support services.
3. Provide community leaders with opportunities to network about the secondary management of HIV.
4. Serve as an advocate by supporting and encouraging programs and strategies that affect HIV-positive persons and their families.
5. Share personal and material resources whenever possible to further the mission of the Consortium.

In furtherance of this mission, it shall be the policy of this Consortium to appoint and retain persons from throughout our region and from various fields of expertise, including HIV-positive persons who have an active interest in the care of persons living with AIDS.

SAMPLE ANNUAL PLAN

The Valley AIDS Consortium put together an extensive annual plan. Here are the first four pages.

THE VALLEY AIDS CONSORTIUM Organizational Goals, Objectives, and Activities July 1, 1998 – June 30, 1999

VISION STATEMENT

Our vision is that the AIDS Consortium be a powerful, collective, regional voice of leadership. We are committed to ending the HIV epidemic and ensuring the highest quality of care for those living with HIV disease in the Valley.

Our strength is derived from the communities we represent and serve. Our common task is informed by shared, humane values. We come together, listen, learn from one another and forge a powerful, effective response.

We especially intend to be a voice for those who cannot speak for themselves or who, acting alone, may feel powerless.

We engage individuals from every sector of our community, particularly those communities hardest hit by HIV infection.

We act together as powerful partners creating alternatives to deadly public apathy and dangerous, uninformed reaction to the epidemic and the people it affects.

We are a vehicle for cooperative, collaborative effort in pursuit of our vision.

FRAMEWORK OF ACTIVITIES

The AIDS Consortium was established in 1989 to coordinate the delivery of HIV/AIDS services, plan for development of services to meet future needs, and attract and distribute funds to support these services.

To fulfill our mission, the AIDS Consortium:

- Serves as a central voice to the regions's general community.
- Promotes core values that guide and inform the HIV service system.
- Builds working partnerships that enhance communication, coordinate planning and policy development, and avoid duplication of effort across the region.
- Mobilizes responses to urgent programmatic needs, funding opportunities, and other events.
- Advocates for increased awareness and public and private sector support for HIV activities in the region.
- Coordinates and conducts planning and evaluation activities.
- Attracts and distributes public and private sector resources.

The AIDS Consortium geographically serves the residents of the Beautiful Valley.

GOALS FOR 1998 – 99

- Goal 1. To conduct planning and priority setting activities for HIV/AIDS-related activities in the Valley.
- Goal 2. To enable, develop, and promote targeted programmatic responses, and identify resources that address unmet service needs of the region described in the annual comprehensive services plan.
- Goal 3. To conduct fiscal and administrative management activities for HIV/AIDS-related activities.
- Goal 4. To advocate for public policy and service practices that prevent discrimination and preserve civil rights of people affected by HIV/AIDS, that interrupt the spread of HIV infection, and promote access to care for all persons with HIV infection.
- Goal 5. To respond to urgent issues and events that threaten the well-being of people affected by HIV/AIDS.
- Goal 6. To provide training in a broad range of issues related to HIV/AIDS-specific activities.
- Goal 7. To conduct evaluation activities of HIV/AIDS services in the Valley CARE Act federal funding programs.
- Goal 8. To operate programs and provide services that serve the systemwide needs of the region.
- Goal 9. To manage and operate the organization in relation to legal obligations, organizational goals, and annual objectives.

GOALS, OBJECTIVES, ACTIVITIES, AND TIMEFRAMES — FY 1998 – 99

Goal 1. To conduct planning and priority setting activities for HIV/AIDS-related activities in the Valley.

Objective 1.1: To conduct a broad-based process to assess needs, identify barriers, and measure systemwide progress.

ACTIVITIES:

- Convene Planning and Evaluation Committee and subcommittee meetings regularly to review service needs. *Ongoing.*
- Through the Planning and Evaluation Committee, gather qualitative and quantitative data on epidemiology, service needs, available services, and gaps in services, recommendations for strategies of action, etc. *April 1–July 31.*
- Conduct a process to assess and integrate the needs of the sub-regional system in the suburban counties. *April 1–July 31.*
- Conduct key informant interviews and focus groups. *June 15–July 31.*
- Elicit consumer input. *August 1–30.*
- Conduct a series of three public hearings. *August 1–September 15.*
- Develop analysis of these data. *August 1–September 15.*
- Outreach to minority communities, as appropriate. *Ongoing.*

SAMPLE CONSENSUS DECISION-MAKING METHOD



This section describes an easy-to-use method for reaching consensus among groups.

Each person has a set of four cards measuring about 8.5 x 5.5 inches. Each card is a different bright color. Each set of cards consists of these four types:

1

YES

I am satisfied that this is the best decision given the current situation.

2

YES

While not perfect, this decision is acceptable to me.

3

NO

I need more information or clarification before moving to consensus.

4

NO

I do not agree with this decision.

To use this method, follow these guidelines. First, the facilitator of the meeting presents the issue or problem, describing the spectrum of views likely to be held. The question is then open for discussion. As the dialogue proceeds on a specific item to be decided, any person can ask for a consensus "read" of the members present. To conduct a "read," the facilitator states a possible decision that summarizes in a sentence or two the theme of the discussion up to that point. To maximize clarity, this may be written down on the wall for everyone to consider. Once all members understand the proposed decision, each member holds up the card that best represents her or his position.

The group can see at a glance the degree to which the participants have gained consensus. One of the following then occurs:

- (1) If all members held up either "YES" card (#1 or #2), consensus has been reached. The facilitator announces this result and invites adjustments to the written decision. Discussion moves to the next decision.
- (2) If either "NO" card (#3 or #4) is held up, all members immediately know the degree to which consensus on the proposed statement is possible. Members holding Card #3 "NO—I need more information or clarification before moving to consensus" are asked what specific information they need to know; if this information is available, it is supplied. Members holding Card #4 "NO—I do not agree with this decision" are asked to describe their concerns. In this way, a member who is concerned has a mechanism to modify the proposed statement. The discussion continues until members with concerns have been heard from, and additional "reads" taken. Eventually, consensus is reached.

- (3) If the cards are mixed, consensus on the proposed statement is not possible. Discussion resumes with members who held up "NO" cards expressing their concerns first. Discussion continues until a new "read" is taken on a revised statement. Multiple cycles of discussion and taking "reads" may be needed for decisions about which members have passionate feelings. When the proposed decision statement earns all "YES" votes (cards #1 and #2), consensus is reached.

Division of HIV Services
Bureau of Health Resources Development
Health Resources and Services Administration

HRSA

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BHRD, HRSA

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